We examined racial/ethnic (R/E) differences in health care utilization among older adults with Alzheimer’s disease and related dementia (ADRD) from US Deep South [DS] and non-DSs, and individual or context-level factors that affect this utilization. Data were 2013-2015 claims for Medicare beneficiaries with ADRD; county-level data were used to define context-level covariates; adjusted analyses were conducted separately for DS and non-DS. Across R/E groups, 33%-43% in DS, 43%-50% in non-DS used ADRD specialists; 47%-55% in DS, 41%-48% in non-DS used ADRD drugs; 42.9%-53.4% in DS, 42%-51.8% in non-DS had hospitalizations in a one-year follow-up. R/E differences were not significant, with few exceptions. Comorbidities, poverty, and medical resources availability were associated with specialist use and hospitalizations; comorbidities and specialist use were associated with drug use. In non-DS only, other individual, context-level covariates were associated with health care outcomes. Research should further examine determinants of health care utilization in these populations.

THE CHALLENGE OF IDENTIFYING REPRESENTATIVE SAMPLES IN RESEARCH INVOLVING MINORITY PARTICIPANTS
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Determining participants’ demographics, cognition, and functional performance by race is crucial to understanding disparities in clinical research on Alzheimer’s disease. We compared demographic and performance variables between Black/African American (B/AA; N=30; 41%) and White participants (N=43, 59%) in the UAB Alzheimer’s Disease Center. Among 73 participants, 38 (52%) were women, mean age was 65.7 (SD 9.47), and mean education was 16 (2.31) years. Significant differences in gender proportions across race groups were observed. B/AA women represented 70 % of their race group, while white women represented 39.5 %. There were no statistically significant differences in age, education, cognition or functional severity, reasons to participate in research, referral source, objective measures of cognition, or informant-rated daily function by race group. In conclusion, despite 50% oversampling of B/AA participants compared to the State population, no differences in cognitive and functional performance at the time of enrollment were associated with race.

SOCIAL DETERMINANTS OF ALZHEIMER’S DISEASE AND RELATED DEMENTIAS: RACIAL AND REGIONAL VARIATIONS
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To examine whether racial and regional social determinants of health disparities exist for older adults with Alzheimer’s disease and related dementias (ADRD). We identified 115,879 African American (AA) and White older adults with ADRD (10% from the Deep South) from administrative claims data for a 5% random sample of Medicare beneficiaries (2013-2015). We examined racial and regional differences across sociodemographic characteristics, county-level linked poverty indicators, medical resource availability categories, insurance quality indicators. Social context differences were found between regions including Deep South older adults with ADRD having higher economic impoverishment and lower access rates to specialty medical care services. Older Deep South AA had higher Medicare/Medicaid eligibility rates and less medical access. Significant socioeconomic disparities exist between Deep South and other US regions across several social determinants factors in older adults with ADRD. Social context differences were especially prominent for older Deep South AA with ADRD.

THE RELATIONSHIP BETWEEN PRIOR CANCER DIAGNOSIS AND ALL-CAUSE DEMENTIA PROGRESSION AMONG U.S. ADULTS
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Cancer-related cognitive impairment is a common effect of cancer that shares symptoms with dementia. Only one study examined cancer’s longitudinal association with dementia. This analysis expands to a larger clinical sample. Electronic health record data were extracted from July 2003-February 2020. Baseline cognition/progression on the Alabama Brief Cognitive Screener (ABCS) by cancer history were assessed using linear mixed effects models, with interaction by race. After adjustment for demographics/socioeconomics, those with cancer history had higher baseline cognition (□: 1.49 [0.91-2.07]), and declined slower (□: 0.40 [0.08-0.71]) than those without. Health behaviors/comorbidities attenuated this association. Non-Hispanic Blacks with cancer history demonstrated lower cognition throughout follow-up compared to non-Hispanic Whites / other race/ethnicities with cancer history and participants without cancer history. Health behaviors/comorbidities confound and race modifies the relationship between cancer and dementia. Exploring the role of health behaviors/comorbidities on this association and causes of racial disparities is needed.

Session 1385 (Symposium)

EMERGING SCHOLARS AND JUNIOR FACULTY PRESENT NEW STRATEGIES FOR STUDENT ENGAGEMENT IN GERONTOLOGY
Chair: Sarah Hahn Discussant: Jennifer Kinney

With the rapid aging of the population, the need for gerontological educators to identify pedagogical strategies to increase interest and prepare students continues to grow. Innovative approaches and educational practices contribute greatly to student success in the gerontological classroom. Literature on gerontological pedagogy has shed light on the success of high-impact practices, creative assignments,